



Nationwide Insurance Brokers

FIDELITY BOND APPLICATION
AMIS / Alliance Marketing and Insurance Services

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San Marcos CA 92079-0567
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Surplus Lines Broker License: 0E22579

bwest@amiscorp.com
www.amisinsurance.com

GENERAL INFORMATION

- 1. Company Name (Applicant): _____
- Street: _____
- City: _____ State: _____ Zip: _____
- Telephone: _____ Fax: _____
- E-mail Address: _____
- Web Address: _____

UNDERWRITING INFORMATION

- 2. Date Established: _____ 3. Total number of employees: _____
- 4. Total number of employees handling funds: _____ 5. Number of locations _____
- 6. Please describe your professional services: _____

- 7. Revenues: Current Year*: \$ _____ (*based on a 12 month year)
Last Year: \$ _____ Next Year Estimate: \$ _____

INTERNAL CONTROLS

- 8. How often is a CPA audit performed? Annually _____ Biannually _____ Quarterly _____
- 9. Are bank accounts reconciled by someone not authorized to deposit/withdraw? Yes No
- 10. How often are bank accounts reconciled? _____
- 11. Is countersignature of checks of a certain value required? Yes No
If Yes, what is the threshold? _____
If No, please explain safeguard procedures: _____
- 12. Do you verify the employment background of prospective employees? Yes No
If Yes, what method of verification is used? _____
- 13. Explain the screening procedures for new employees? _____

CURRENT COVERAGE

14. Is current Fidelity coverage now in place? Yes No

Please provide insurance history for the past 2 years:

Insurance Carrier	Limit	Deductible	Premium	Effective Date	Expiration Date

15. Has any request for fidelity bond coverage been denied or has coverage been cancelled during the past 5 years: Yes No (If "Yes", please provide details on a separate sheet.)

16. Requested limit of liability: _____ Deductible: _____

LOSS HISTORY

17. Have you sustained any employee dishonesty losses in the last five years?
Yes No (If "Yes", please provide details on a separate sheet.)

Notice to Applicant: Please Read Carefully.

Warranty: The Applicant warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____